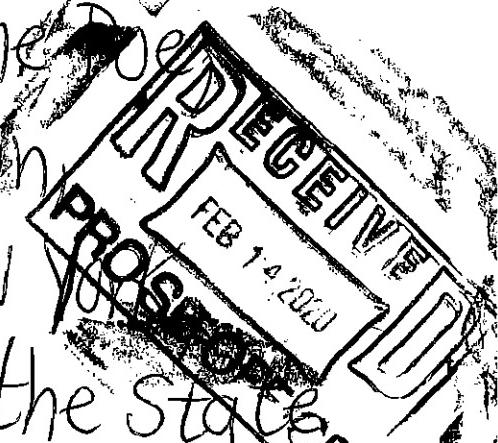


tendants; New York Police Department 111th Precinct, Officer White, Officer Jane Doe, Officer John Doe, Officer Johnson, Bronx County Criminal Court of the City of New York, Supreme Court of the State of New York : Bronx Hall of Justice, State of New York, NYPD 47th Precinct Internal Affairs Division, New York State Inspector General's Office, New York Attorney General Office, Shonda Darswell, Allison Riesel ; ADA, Civil Complaint Review Board, Bronx District Attorney Office, Bronx Bar Association, New York Civil Liberties Union, New York Civil Comptroller Scott M. Stringer, Office of the New York City Comptroller, Bronx Criminal Courthouse, Investigator Kenneth Belton, New York City Comptroller Charles Castello and Bronx County Central Booking.



**20 CV 1368**

## Statement of Facts:

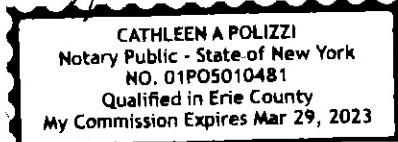
On 12/19/2019 Robert W. Johnson was arrested by Officer White and Officer Jane Doe of the 47<sup>TH</sup> Precinct in the Bronx, New York with no warrant or just reasons given for arrest. Robert W. Johnson was not read Miranda Rights and U.S. Constitutional Rights for arrest by the arresting Officers and Robert W. Johnson was detained in tight handcuffs and placed in a patrol car. Robert W. Johnson male officers, subjected to unsanitary conditions and uncomfortable settings with another prisoner after being molested by (2) John Doe Officers of the NYPD 47<sup>TH</sup> Precinct and was fingerprinted and photo pictured.

Bronx Central Booking facility pat frisked, photo I.D'D, Pupil (Eye Printed), medically examined and questioned, subjected to (3) prisoners in a cell, uncomfortable sitting area and was given no food or drink, questioned by a Judicial Clerk and given no fair hearing for alleged charges and released with no documentation after (9) hours of false arrest, cruel and unusual punishment and wrongful detention.

January 14, 2020

on 1/14/2020 Robert W. Johnson  
personally appeared before me.  
Cathleen Polizzi

(5)



Robert W. Johnson  
Robert W. Johnson  
914-839-7583

Criminal Court  
Of the  
City Of New York



Bronx County  
265 E. 161<sup>st</sup> Street  
Bronx, NY 10451  
Tele- 718-618-2467  
Fax - 917-522-4846

TO WHOM IT MAY CONCERN:

Re: JOHNSON, ROBERT Date of Birth: 2-26-1984

Arrest Number/ CCN: B19650075

Docket # N/A

Date of Arrest: 12-19-2019

The case/defendant that you requested information about has been adjourned/ disposed of by reason of:

No Public Record

Ind/Case# \_\_\_\_\_

Contact: Supreme Court of the State of New York  
Bronx Hall of Justice  
265 East 161<sup>st</sup> Street 2<sup>nd</sup> Flr  
Bronx, N.Y. 10451

Not Docketed--Our records indicate that the above arrest was Non-Processed and No Criminal charges were filed with this arrest.

Case adjourned to \_\_\_\_\_ Part \_\_\_\_\_

Warrant ordered on: \_\_\_\_\_

Other: No charges filed

A handwritten signature, possibly belonging to the officer or authority who processed the document.

12-23-2019

Date

Name

ROBERT W. JOHNSON ;  
ARREST DATE : 12/19/19.

Bronx District Attorney Reference#:

1. Tashunda Darswell & ADA Allison Riese).

2. CCRB# : 2019-10936

3. INTERNAL AFFAIRS # : 2019-45491

4. CCRB Phone : 1800-341-2272 ; Internal Affairs Phone:  
212-741-8401.

5. Robert W. Johnson ; NYAG Submission  
# 1-123795652 ; Public Integrity Bureau.

6. Robert W. Johnson filed a complaint  
on 12/20/19 with the Inspector General's  
Office.

7. <sup>①</sup>USDC ; ~~NDNY~~ ; Accession RG 21 FY 17  
Number 0336 ; Box 39 ; Archived on  
03/26/2019 ; <sup>②</sup>USDC ; NDNY ; 9:10-CV-372-NAM-  
GHL ; USDC ; NDC ; 3:19-CV-5789-SK .



New York City Comptroller  
Scott M. Stringer

Form Version: NYC-COMPT-BLA-PI1-M

## Personal Injury Claim Form

Claim must be filed *in person or by registered or certified mail* within 90 days of the occurrence at the NYC Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be *notarized*. If claim is not resolved within 1 year and 90 days of the occurrence, you must start legal action to preserve your rights.

TYPE OR PRINT

I am filing:  On behalf of myself.

On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

JOHNSON  
ROBERT W.  
Myself.

First Name:

Relationship to  
the claimant: Attorney is filing.**Attorney Information (If claimant is represented by attorney)**

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

Tax ID:

Phone #:

Email Address:

**Claimant Information**

\*Last Name:

JOHNSON  
ROBERT W.  
334 S FISH AVE. APT. 1

\*First Name:

Address:

Address 2:

City:

State:

Zip Code:

Country:

Date of Birth:

Soc. Sec. #

HICN:  
(Medicare #)

Date of Death:

Phone:

Email Address:

Occupation:

City Employee?

NY 10469  
USA  
02/26/1984 Format: MM/DD/YYYY  
076-78-9909  
N/A  
N/A Format: MM/DD/YYYY  
914-839-7583  
robert.johnsonwhy@gmail.com  
Tuxi Driver/ Line Cook

Yes  No  N/A

Gender  Male  Female  Other



New York City Comptroller  
Scott M. Stringer

**The time and place where the claim arose**

\*Date of Incident: 12/19/2019 Format: MM/DD/YYYY

Time of Incident: 6:00PM Format: HH:MM AM/PM

\*Location of Incident:

Bronx Criminal Court  
215 16<sup>th</sup> ST.  
Bronx, NY 10451

Address:

Address 2:

City:

State:

Borough:

215 16<sup>th</sup> ST.

BRONX

NY

BRONX

\*Manner in which claim arose:

Attach extra sheet(s)  
if more room is needed.

On 12/19/2019 I was false arrested, sexually assaulted by (2) male NYPD Officers and denied legal aid by the Bronx County Bar Association with no formal explanations given to Robert W. Johnson.

The items of damage or injuries claimed are (include dollar amounts):

Attach extra sheet(s)  
if more room is needed.

Shock of Conscience; \$10 Billion Dollars;  
Mental & Physical Anguish; \$200 Million  
Dollars; Future Mental & Physical  
Anguish; \$300 Million.



New York City Comptroller  
Scott M. Stringer

#### Medical Information

1st Treatment Date:	12/26/2019	Format: MM/DD/YYYY
Hospital/Name:	NYC WELL	
Address:	50 BROADWAY : FL. 19	
Address 2:		
City:	New York	
State:	NY	
Zip Code:	10004	
Date Treated in Emergency Room:	N/A	Format: MM/DD/YYYY

Yes  No  N/A

Was claimant taken to hospital by an ambulance?

#### Employment Information (If claiming lost wages)

Employer's Name:	BROADWAY TAXI INC.	
Address:	1717 FILLMORE AVE	
Address 2:		
City:	BUFFALO	
State:	NY	
Zip Code:	14208	
Work Days Lost:	Pending	
Amount Earned Weekly:	\$9,600.00	

#### Treating Physician Information

Last Name:	
First Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	





New York City Comptroller  
Scott M. Stringer

**Complete if claim involves a NYC vehicle**

**Owner of vehicle claimant was traveling in**

Last Name:

NYPD
4111 Laconia Ave.
Bronx
NY
10466

First Name:

Address

Address 2:

City:

State:

Zip Code:

**Non-City vehicle driver**

Last Name:

NIA

First Name:

Address

Address 2:

City:

State:

Zip Code:

**Non-City vehicle information**

Make, Model, Year  
of Vehicle:

NIA

Plate #:

VIN #:

**City vehicle information**

Plate #:


City Driver Last  
Name:City Driver First  
Name:

**Insurance Information**

Insurance Company

Name:
Address
Address 2:
City:
State:
Zip Code:
Policy #:
Phone #:

- Description of  
claimant:**
- Driver       Passenger
  - Pedestrian       Bicyclist
  - Motorcyclist       Other

\*Total Amount  
Claimed:

Pending.
----------

Format: Do not include "\$" or ",".

Date

12/26/19

State of New York  
County of

I, \_\_\_\_\_, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

Sworn before me this day \_\_\_\_\_

Signature of  
Claimant \_\_\_\_\_

Signature of notary \_\_\_\_\_

# CERTIFICATE OF SERVICE

I, Robert W. Johnson the Plaintiff, certify that on 02/07/2020 I served a copy of Civil Cover Sheet, Complaint & IFP Application upon the following:

1. Court Clerk: U.S. Courthouse  
500 Pearl St.; NY, NY 10007.

February 7, 2020

Robert W. Johnson  
Robert W. Johnson

## CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

## I. (a) PLAINTIFFS

*Robert W. Johnson*

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

*Bronx*

## DEFENDANTS

*New York Police Department et al.*

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

*Bronx*

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF  
THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

*N/A*

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- |   |  |
|---|--|
| <input type="checkbox"/> 1 U.S. Government Plaintiff            | <input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)          |
| <input checked="" type="checkbox"/> 2 U.S. Government Defendant | <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III) |

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

Citizen of This State	PTF	DEF	PTF	DEF
<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	<b>PERSONAL INJURY</b>	<b>PERSONAL INJURY</b>	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 375 False Claims Act
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 365 Personal Injury - Product Liability	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability	<b>PROPERTY RIGHTS</b>	<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 820 Copyrights	<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 370 Other Fraud	<input type="checkbox"/> 830 Patent	<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 371 Truth in Lending Act	<input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 450 Commerce
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 380 Other Personal Property Damage	<b>SOCIAL SECURITY</b>	<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 861 HIA (1395ff)	<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
<input type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 390 Other Personal Injury	<input type="checkbox"/> 862 Black Lung (923)	<input type="checkbox"/> 480 Consumer Credit
<input type="checkbox"/> 190 Other Contracts	<input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 400 Other Fraud	<input type="checkbox"/> 863 DIWC/DIWW (405(g))	<input type="checkbox"/> 490 Cable/Sat TV
<input type="checkbox"/> 195 Contract Product Liability	<input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 410 Other Product Liability	<input type="checkbox"/> 864 SSID Title XVI	<input type="checkbox"/> 850 Securities/Commodities/ Exchange
<input type="checkbox"/> 196 Franchise	<b>REAL PROPERTY</b>	<b>CIVIL RIGHTS</b>	<input type="checkbox"/> 865 RSI (405(g))	<input type="checkbox"/> 890 Other Statutory Actions
	<input type="checkbox"/> 440 Other Civil Rights	<b>PRISONER PETITIONS</b>	<b>FEDERAL TAX SUITS</b>	<input type="checkbox"/> 891 Agricultural Acts
	<input type="checkbox"/> 441 Voting	<b>Habeas Corpus:</b>	<input type="checkbox"/> 870 Taxes - Income	<input type="checkbox"/> 893 Environmental Matters
	<input type="checkbox"/> 442 Employment	<input type="checkbox"/> 463 Alien Detainee	<input type="checkbox"/> 871 Taxes - Property	<input type="checkbox"/> 895 Freedom of Information Act
	<input type="checkbox"/> 443 Housing/ Accommodations	<input type="checkbox"/> 510 Motions to Vacate Sentence	<input type="checkbox"/> 872 Taxes - Estate	<input type="checkbox"/> 900 Arbitration
	<input type="checkbox"/> 445 Amer. w/Disabilities - Employment	<input type="checkbox"/> 530 General	<input type="checkbox"/> 873 Taxes - Procedure	<input type="checkbox"/> 990 Administrative Procedure
	<input type="checkbox"/> 446 Amer. w/Disabilities - Other	<input type="checkbox"/> 535 Death Penalty Other:	<input type="checkbox"/> 874 Torts - Product Liability	<input type="checkbox"/> 971 IRP - Title IV
	<input type="checkbox"/> 448 Education	<input type="checkbox"/> 540 Mandamus & Other	<input type="checkbox"/> 875 Torts - Personal Injury	<input type="checkbox"/> 971 IRP - Title IV
		<input type="checkbox"/> 550 Civil Rights	<input type="checkbox"/> 876 Torts - Property	<input type="checkbox"/> 950 Constitutionality of State Statutes
		<input type="checkbox"/> 555 Prison Condition	<input type="checkbox"/> 877 Torts - Personal Injury	
		<input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	<input type="checkbox"/> 878 Torts - Property	
			<b>RECEIVED</b>	
			<b>FEB 14 2020</b>	
			<b>PRO SE OFFICE</b>	

## V. ORIGIN (Place an "X" in One Box Only)

- |   |   |  |   |  |  |   |
|---|---|--|---|--|--|---|
| <input checked="" type="checkbox"/> 1 Original Proceeding | <input type="checkbox"/> 2 Removed from State Court | <input type="checkbox"/> 3 Remanded from Appellate Court | <input type="checkbox"/> 4 Reinstated or Reopened | <input type="checkbox"/> 5 Transferred from Another District (specify) | <input type="checkbox"/> 6 Multidistrict Litigation - Transfer | <input type="checkbox"/> 8 Multidistrict Litigation - Direct File |
|---|---|--|---|--|--|---|

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

*28 U.S.C. § 1331*

Brief description of cause:

*False Arrest, Civil Rights Violations, Molestation By U.S. Govt Off.*

## VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION

UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

*999 Trillion*

JURY DEMAND:  Yes  No

## VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

*02/07/2020*

SIGNATURE OF ATTORNEY OF RECORD

*Robert W. Johnson*

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFFP

JUDGE

MAG. JUDGE

KOBERT W. JOHNSON  
3345 FISH AVE.  
APT. 1  
BRONX, N.Y. 10469



**\$0.85**

2304H108698-28

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COURT CLERK  
U.S. COURTHOUSE  
500 PEARL ST  
NEW YORK NY 10004  
1 OCTOBER 1998

